



**State of Tennessee**  
**Department of Commerce and Insurance**  
**Tennessee State Board of Accountancy**  
**500 James Robertson Parkway**  
**Nashville, TN 37243-1141**  
**615-741-2550 or 888-453-6150**  
**[www.tn.gov/commerce/boards/tnsba](http://www.tn.gov/commerce/boards/tnsba)**

**Affidavit for Closure of License**  
**Must Be Notarized**

I, \_\_\_\_\_, hereby advise the Tennessee State Board of  
(printed name)

Accountancy that I wish to close my certificate as a Certified Public Accountant/Public Accountant. By doing so prior to the expiration date of my permit, a status of CLOSED will be placed on my license. I understand that by doing so I give up the right to use the title of certified public accountant or public accountant in any way in the State of Tennessee and the use of those titles which include the abbreviations CPA or PA and the word Accountant.

Additionally, I understand that violation of Tennessee Code Annotated, Title 62, Chapter 1 and/or the rules and policies of the Tennessee State Board of Accountancy relating thereto in the State of Tennessee is cause for disciplinary action by the Tennessee State Board of Accountancy.

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant's Certificate Number

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

(Seal)

My Commission Expires:  
\_\_\_\_\_